

COCHISE REGIONAL PARTNERSHIP COUNCIL
FUNDING PLAN
July 1, 2009 – June 30, 2012

OVERVIEW OF THE THREE-YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

Cochise County consists of approximately 28 communities, including the incorporated cities of Tombstone, Benson, Willcox, Huachuca City, Sierra Vista, Bisbee, and Douglas. Sierra Vista is the largest of these, partly because it includes the historic Ft. Huachuca. It is also one of the only three counties in Arizona that does not have an Indian Reservation within its boundaries. Graham, Greenlee, Pima, and Santa Cruz counties, border Cochise with its southern line bordering the Mexican state of Sonora, making this area a rural border community.

Despite the capacity and infrastructure in place for early childhood services in Cochise County, many children and their families lack coordinated and comprehensive services within the region. In order to learn more about the service gaps as well as existing community resources, the Cochise Regional Partnership Council embarked in many key activities. In addition to reviewing and approving the regional needs and assets report and other community reports and data, Regional Partnership Council members participated and invited community members to participate in strategic planning sessions that addressed specific goal areas and solicited expertise and knowledge from the community.

As a result of these activities, several critical areas of need emerged. Almost four of ten households in Cochise County in 2006 were headed by a single parent, and teen births exceeded 30% in certain communities within the County in 2007. Grandparents in Cochise are more likely to be the primary caregiver for their own grandchildren than in any other region in the state. Prenatal care visits and the incidence of low-birth babies in Cochise County as a whole match the state average however, rural areas within the County have rates that are much higher than the state averages. Therapeutic services, well child-checks, and dental visits are critical in the realm of healthy child development, yet the lack of parent awareness frequently impedes these efforts. Infant mortality rates within Cochise County have consistently been higher than the state and national level according to the data available from 2001 to 2003. In 2007, 80% of all child deaths in Cochise County occurred to children under the age of one.

The capacity to provide quality early care and education, or even care at all, is quite limited in Cochise County. As of August 2008, the county has 37 ADHS licensed facilities. Of these, 21 are contracted with DES to accept families with child care subsidies. There are 97 DES certified homes and an unknown number of unregulated facilities. All early care and education programs in the county, except for one in Sierra Vista lag behind in the NAEYC recommendations for quality, that one being in Sierra Vista. Area child care centers and home providers find it difficult to survive financially and have a limited pool of qualified teachers and caregivers.

In Cochise County, 32% of teacher's aides in the ECE workforce have less than a high school diploma and 33% of the workforce has a minimum of a high school diploma or GED. There is a profound shortage of professional development opportunities, thus making it difficult to find and keep qualified professionals.

Comprehensive and accessible family education and support regarding health issues is another critical area of need in Cochise County. Interviews with parents and early childhood professionals in the County indicate the need for additional information about nutrition, prevention, and chronic disease.

Overall there are many early childhood needs and gaps facing this region and great challenges regarding access to an availability of resources. Quality and access to family support services are inconsistent and fragmented. While there are several programs and supports in place, there is a lack of true coordination across the county to all aspects of the system, which are hampered by geographic dispersion and a system that is not cohesive. Public awareness of the importance of positive early childhood experiences is also limited.

Many of the county's households have incomes that are just above the eligibility criteria for AHCCCS and child care subsidies, while at the same time facing hardship due to low income. Substance abuse and the related risk factors that accompany living in and around those environments greatly impact children in this community. Systems that serve substance abuse affected children and their families, in particular the foster care system, are stressed. There are issues of capacity, lack of specialized services, and additional issues of how best to serve these families. In many cases, the children have a wide range of disabilities and needs, including mental health, so that no single approach can be recommended.

To overcome these challenges, a sense of urgency must be adopted in Cochise County. There needs to be a clear and consistent effort by the local community residents, parents, and agencies aimed at

systemic change. The long history of collaboration that already exists in this county must be built upon further. This will ultimately enable Cochise County to increase the capacity and quality of our early childhood development and health system.

The Cochise Regional Partnership Council has undertaken a strategic planning process by holding several focus groups to increase the Regional Partnership Council's understanding of the existing local resources and identify the needs that are most pressing. Based upon the needs and assets of the region, the Cochise Regional Partnership Council has prioritized the following needs to address in the next three year period:

1. Coordinated efforts and expanded resources to provide for enhanced, effective, and collaborative family support services.
2. Educated, bilingual, skilled workforce for speech/language and OT or PT therapies.
3. Increased quality early care and education options for families.
4. Expanded high quality and highly skilled early child care workforce.
5. Outreach, education, and guidance on nutrition and prevention of childhood obesity.
6. Increase the certification level of infant/toddler mental health specialists.
7. Limited knowledge and information about the importance of early childhood development and health.
8. Alignment of standards/resources that impact practices and programs.

II. Prioritized Goals and Key Measures

Need: Coordinated efforts and expanded resources to provide for enhanced, effective, and collaborative family support services.

Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality diverse and relevant information and resources to support their child's optimal development.

Goal #12: FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.

Need: Educated, bilingual, skilled workforce for speech/language and OT or PT therapies

Goal #7: FTF will advocate for timely and adequate services for children identified through early screening.

Goal # 8: FTF will build skilled and well-prepared early childhood development workforce.

Key Measures:

- Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area.
- Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, degree in early childhood development or other appropriate specialty area.

Need: Increased quality early care and education options for families

Goal #1: FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number of children enrolled in early care and education programs participating in QIRS system.
- Total number and percentage of early care and education programs participating in the QIRS system

Need: Expanded high quality and highly skilled early child care workforce

Goal #8: FTF will build a skilled and well-prepared early childhood development workforce.

Key Measures:

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

Need: Outreach, education, and guidance on nutrition and prevention of childhood obesity

Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse, and relevant information and resources to support their child's optimal development.

Key Measures:

- Percentage of families with children birth through age 5 who report they are competent and confident about their ability to support their child safety health and well-being.

Need: Increase the certification level of infant mental health

Goal #8: FTF will build a skilled and well-prepared early childhood development workforce.

Goal # 10: FTF will enhance specialized skills of early childhood development and health workforce to promote the health social- emotional development of young children.

Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality diverse and relevant information and resources to support their child's optimal development.

Key Measures:

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

Need: Limited knowledge and information about the importance of early childhood development and health.

Goal #15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures:

- Percentage of community members who identify themselves as strong supporters of early childhood and health matters.
- Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts.

Need: Alignment of standards/resources that impact practices and programs

Goal #13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Key Measures:

- Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making).

III. Strategy Selection

The proposed strategies build on the foundational strategic planning of the Cochise Regional Partnership Council. These initial strategies will serve as the beginning of the work of our Regional Partnership Council; as initial stages of improving the services to families and children. These improvements are designed to be a part of our larger strategic plan which, in upcoming years, will increase the coordination, communications, and efficiency of our early childhood system.

The Cochise Regional Partnership Council will continue to engage with other stakeholders and partners to plan for and evaluate the implementation of the strategies toward the goals and key measures. The Regional Partnership Council will continue the strategic planning process for the next two years, in order to develop further understanding and a baseline for data, outputs and outcomes that have an impact on children, families, and the people who care for and educate them.

The following strategies have been identified to address the goals and key measures and are as follows:

Identified Need	Goal	Key Measures	Strategy
Coordinated efforts and expanded resources to provide for enhanced, effective, and collaborative family support services.	<p>Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal #12: FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.</p> <p>Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.</p>	Expand existing programs that focus on parent education, support, and resources including increase of home visiting and parent mentoring programs Countywide with an emphasis on the North Eastern part of the Region.
Educated, bilingual, skilled workforce for speech/language and OT or PT therapies	<p>Goal #7: FTF will advocate for timely and adequate services for children identified through early screening.</p> <p>Goal # 8: FTF will build skilled and well-prepared early childhood development workforce.</p>	<p>Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.</p> <p>Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.</p>	Recruit and retain a ready, educated, bilingual, skilled workforce for speech/language and OT or PT therapies in Cochise County.
Quality early care	Goal #1: FTF will improve access	Total number of children enrolled	Expand and increase

Cochise Regional Partnership Council
Regional Council 2010 Allocation: \$1,974,475

and education	to quality early care and education programs and settings.	in early care and education programs participating in QIRS system. Total number and percentage of early care and education programs participating in the QIRS system	the number of centers/homes participating in Quality First! beyond the statewide funded number.
Quality early child care workforce	Goal #8: FTF will build a skilled and well-prepared early childhood development workforce.	Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.	Fund additional T.E.A.C.H. scholarships beyond those provided through Quality First! statewide and provide supplemental funding for those who wish to obtain and/or renew national credentials or certificates.
Outreach, education, and guidance on nutrition and prevention of childhood obesity	Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care. Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse, and relevant information and resources to support their child's optimal development.	Percentage of families with children birth through age 5 who report they are competent and confident about their ability to support their child safety health and well-being.	Collaborate with state and community based organizations to provide outreach, education and guidance on nutrition and prevention of childhood obesity to service providers and parents who work with children birth through age 5.
Increase the certification level of infant mental health and early intervention specialists.	Goal #8: FTF will build a skilled and well-prepared early childhood development workforce. Goal # 10: FTF will enhance specialized skills of early childhood development and health workforce to promote the health social- emotional development of young children.	Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.	Increase the number of providers in the community who have obtained the infant/toddler mental health credentials.

Cochise Regional Partnership Council
Regional Council 2010 Allocation: \$1,974,475

	Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality diverse and relevant information and resources to support their child's optimal development.		
Limited knowledge and information about the importance of early childhood development and health.	Goal #15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.	<p>Percentage of community members who identify themselves as strong supporters of early childhood and health matters.</p> <p>Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts.</p>	Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness/education and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.
Alignment of standards/resources that impact practices and programs	Goal #13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.	Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making).	Develop a service mechanism among state and other local agencies to improve quality early childhood programs through system change by working together for a seamless service delivery.

Strategy Worksheets

Strategy 1: Expand existing programs that focus on parent education, support, and resources including increase of home visiting and parent mentoring programs Countywide with an emphasis on the North Eastern part of the Region.

The Regional Council will expand existing home visiting programs to provide more opportunities for family support as well as collaborative efforts among agencies that provide parent education. Home visitation programs include the following best-practice elements:

- Support for the Home Visiting practitioner- qualifications, training, caseload, regular opportunities to reflect and debrief.
- Support for families: Frequency and duration of visits, etc., clearly defined objectives, builds healthy relationships between parent and child, case management and referrals are coordinated and family-centered, parents are engaged as a critical part of the program.

There are currently several successful home-visiting programs in the Sierra Vista area but they serve limited numbers of families or do not currently serve many of the smaller outlying and rural communities in the North Eastern area of the county. This strategy would encourage existing programs to expand their areas of service delivery to these more isolated communities that are not served at all.

Several agencies in Cochise County offer parent education classes. Peer mentors provide advice and support and serve as role models for younger people who need help. Mentoring programs, when carefully designed and well run, provide positive influences for young children and families who may need a little extra attention or who don't have a good support system available to them. This strategy allows for partnership/collaboration with the different agencies and aids in building existing resources/models and allowing the expansion to areas not currently served.

Research Notes:

Bouheben, Edith Anne (2008) "Providing the Best for Families Developmentally Appropriate Home Visitation Services" Young Children March 2008 National Association for the Education of Young Children

(2008) "Evidence-Based Childhood Home Visitation Programs" www.homevisitingcoalition.org

(2008) "Children's Trust Evidence Based Home Visiting Programs and Criteria for Inclusion"

www.wcpcan.aw.gov

(2007) "Home Visiting Programs: A Brief Overview of Selected Models" Friends Fact Sheet #15 National Resource Center for CBCAP

(2006) Fact Sheet: Home Visiting as an Intervention in Infant Mental Health Florida State University Center for Prevention and Early Intervention Policy: Harris Institute for Infant Mental Health Training

Boulatoff, Catherine and Jump, Vonda K. (2005) "Cost Analysis of a Home Visiting Program to Prevent Child Abuse and Neglect" Early Intervention Research Institute at Utah State University

(1999) "Home visiting: Recent Program Evaluations" The Future of Children Volume 9 number 1 Spring/Summer 1999

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality diverse and relevant information and resources to support their child's optimal development.

Goal: FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

1. Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
2. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.

Target Population:

This strategy is designed to target all communities in the region with priority given to programs serving pregnant women, teen parents, and grandparents raising their grandchildren, and families with children birth through five. Additionally priority will be given to programs that will expand their services to rural or un-served areas particularly the NE region of the county.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	84 families	90 families	100 families

Performance Measures SFY 2010-2012:

<ol style="list-style-type: none"> 1. Percentage of families that reported satisfaction with information on high quality early care 2. Number of programs and % of families that reported satisfaction with provided family support 3. Percentage of families showing increases in parenting knowledge and skill after receiving family support 4. # of Home Visiting programs 5. # and % of families receiving home visiting services 	
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: Several agencies operate parent education classes and related services. This strategy allows for building on existing resources but allowing them to expand to serve areas or target populations they do not currently serve. There are several agencies in Cochise County that currently operate home visiting programs and related services. The strategy will provide resources to allow existing agencies to expand to serve the North Eastern (i.e. Bowie, Willcox, St. David, and Sunsites) area of Cochise. This strategy targets expansion of those resources to underserved locations in the region. 	
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: As grantees/agencies start to work in the target areas of the county, they will need to network and collaborate with other agencies to provide the services. 	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$660,000.00
Budget Justification: Stand alone parenting classes are less effective than a larger program thus targeting a higher number of families to create sustainability and an infrastructure around family support. A cost of \$5,000 per family for providing a home visiting program was estimated by looking at costs of existing programs within Cochise County. Programs that were considered in determining this cost were Head Start, Early Head Start, New Visions, Healthy Families, and Early Interventions. Home Visiting: 84 families @ \$5,000 per family = \$420,000.00 Community Outreach Workers: \$240,000.00 at \$480.00 per family (500 families) to conduct neighborhood based parent education classes/programs and both figures are inclusive of 10% administrative costs and personnel costs.	

Strategy 2: Recruit and retain a ready, educated, bilingual, skilled workforce for speech/language and OT or PT therapies in Cochise County.

Throughout Arizona, particularly Cochise County, there is a critical shortage of therapists with the necessary education and expertise to address the needs of young children birth through age 5. This shortage is evident in the rural areas of the County. Many families in Cochise County have to travel to Tucson to receive services, or wait for extended periods of time before a contracted specialist (certified to work with children birth to age 5) can come to the County. The Regional Partnership Council's intent is to attract therapists within the county, which currently do not work with children birth through 5, in order to provide more opportunities to work with this population.

This strategy is intended to provide an incentive/bonus for therapists to live and work in Cochise County, and could also include payment of state licensing fees, a tuition reimbursement for required classes in order to work with children birth through age 5, CEUs, housing stipend (rural areas have virtually no housing), and travel reimbursements. All types of therapists are eligible for this incentive, with particular emphasis on speech language pathologists and physical therapists. In essence this strategy can be used to grow our own.

The three-year incentive plan requires a commitment of three years working with children birth through age 5 in Cochise County.

Lead Goal: FTF will advocate for timely and adequate services for children identified through early screening.

Goal: FTF will build skilled and well-prepared early childhood development workforce.

Key Measures:

1. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
2. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

Target Population: Countywide

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	1-5 therapists	1-5 therapists	1-5 therapists

Performance Measures SFY 2010-2012:

1. # of providers of specialized services serving children birth through 5

- How is this strategy building on the service network that currently exists:

This strategy builds on the recommendation to the State Board by FTF staff to implement a scholarship system that would increase the speech language pathologists in Arizona by 3 professionals. This strategy would seek to improve the recruitment and retention of qualified therapists by providing an incentive package.

- What are the opportunities for collaboration and alignment:

The Cochise Regional Partnership Council will collaborate with local school districts, AzEIP, hospitals, and outpatient clinics to identify and then utilize the services of occupational, physical and speech language development therapists.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	Estimated: \$350,000.00
Budget Justification: More research is necessary to determine the actual cost of an incentive package which could include: a bonus, travel, CEU's, licensing fees, outreach materials, tuition, or housing stipend before carrying out this strategy. Estimated cost is \$70,000.00 per incentive package. Administrative, recruitment, and indirect costs are included within the package.	

Strategy 3: Expand the number of centers/homes in Cochise County participating in Quality First! beyond the statewide funded number.

The First Things First Board approved to design, build and implement the first phase of Quality First!, Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. Because so many of Arizona's youngest children are enrolled in child care, early education and preschool settings, the quality of programs is undeniably important.

Arizona will now have a system and working model of early childhood care and education quality standards assessment and supports (financial and other) throughout the state, rather than multiple models, in order to ensure public confidence in its validity and to systematically evaluate outcomes for children.

Quality improvement and rating systems are comprehensive strategies being used throughout the country to improve the quality of early care and education and inform families, providers, funders, regulators, and policy makers about quality standards for early care and education. Currently 17 states are operating statewide quality improvement and rating systems, and another 30 states have local pilots or are developing their systems.

Cochise County has 42 child care centers and 105 child care homes. The current estimate provided by FTF for the statewide Quality First! Initiative will be to fund 3 centers and 6 homes. The Cochise Regional Partnership Council believes that Quality First! is an important investment that will significantly improve the quality of child care and early education children. The Cochise Regional Partnership Council desires to eventually have 10 centers and 10 child care homes in the county participating in Quality First! within the first year. Cochise Regional Partnership Council will fund 7 centers and 4 homes to make a total of 10 homes and 10 centers for FY2010.

Lead Goal: FTF will increase availability and affordability of early care and education settings.

Key Measures:

1. Total number of children enrolled in early care and education programs participating in Quality First! system.
2. Total number and percentage of early care and education programs participating in the Quality First! system.

Target Population:

FY10: 7 child care centers within Cochise County

4 child care homes providers within Cochise County

Priority will be given to centers falling outside of the statewide initiative priority areas in order to provide a mechanism for all centers to be able to eventually participate.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	7 centers; 4 homes	2 new centers/homes	2 new centers/homes
Performance Measures SFY 2010-2012: 1. # of centers served through Quality First!/actual service #10 2. # of homes served through Quality First!/actual service #10 3. # of Quality First! centers improving their rating score by one level or more 4. # of children served at early care and education settings rated at level 3 or higher.			
<ul style="list-style-type: none">How is this strategy building on the service network that currently exists: FTF will fund 3 centers and 6 homes through the QIRS statewide grant. Cochise Regional Partnership Council will build on the state system by funding an additional combined number of 11 of centers and homes in the county. This strategy will allow the Cochise Regional Partnership Council to fund centers and homes that might not meet the priorities established by the state, such as centers that have previously participated in an improvement project or are nationally accredited.			
<ul style="list-style-type: none">What are the opportunities for collaboration and alignment: This strategy will allow for excellent alignment with the statewide initiative since it will be expanding on the QIRS system and cross regional collaboration within Cochise County.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$330,000.00		
Budget Justification: Based on information on cost for Quality First! provided by FTF, with costs ranging from \$22,000 per home care provider to \$27,000-\$34,000 per center depending on size, the Cochise Regional Partnership Council recommended using the average cost of \$30,000 for centers and homes for the purpose of budgeting. In addition, the Cochise Regional Partnership Council decided to target an additional 11 centers/homes beyond those that will be funded through the statewide initiative. In subsequent years, the Regional Partnership Council will fund an additional 2 new centers/homes for FY11 and FY12. The Regional Partnership Council recognizes the need for access to high quality programs and this strategy will improve the quality of existing programs and build on the new FTF funded child care homes and centers.			

Strategy 4: Fund additional T.E.A.C.H. scholarships beyond those provided through Quality First! statewide and provide supplemental funding for those who wish to obtain and/or renew national credentials or certificates.

Programs enrolled in Quality First! will have access to T.E.A.C.H. Early Childhood Arizona scholarships. The Cochise Regional Partnership Council wants to expand T.E.A.C.H. to those programs not yet enrolled in Quality First!

1. Benefits to Children: higher quality, stable, and more capable professionals; improved care and services; better developmental outcomes for children.
2. Benefits to families: early childhood professionals who remain with their programs and continuously advance their skills and knowledge are better able to build relationships with children and families and to foster their growth and development.
3. Benefits to programs and staff: support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention.

This strategy will fund T.E.A.C.H. scholarships to staff working with young children. The educational level of staff working with children directly impacts the quality of the child's experience. Based on information obtained from the Cochise Needs and Assets Report, the majority of individuals working as teachers and assistants within the child care centers and homes have only a high school diploma or the equivalent. The Cochise Regional Partnership Council wants to ensure that all teaching staff is able to access and utilize the T.E.A.C.H. program.

Lead Goal: FTF will build a skilled and well-prepared early childhood development workforce.

Key Measures:

1. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
2. Total number and percentage of professionals working in early childhood care and education

who are pursuing a credential, certificate, or degree.			
Target Population:			
All areas of the county would be eligible for participation. Scholarships would target scholars in centers/homes. Scholarships would be available for scholars in centers/homes not participating in Quality First! The number of scholarships increases annually over the three year funding cycle.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	50 scholars	60 scholars	70 scholars
Performance Measures SFY 2010-2012:			
1. # of degreed professional in early care			
2. # of professionals pursuing degree in early childhood			
3. # increase in early childhood knowledge and practice 2 months after completion of course			
• How is this strategy building on the service network that currently exists: This strategy capitalizes on T.E.A.C.H. Early Childhood Arizona. In addition, this strategy will utilize local colleges and universities to deliver the courses needed for scholars to complete their educational goals. The Cochise Regional Partnership Council is building on the infrastructure elements established by the FTF Board with Quality First! and T.E.A.C.H. to improve the quality of early care and education in Cochise County.			
• What are the opportunities for collaboration and alignment: Cohorts of staff from various early care and education programs might be created to better support the scholars and to maximize use of higher education staff providing coursework.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$135,000.00		
Budget Justification:			
The Cochise Regional Partnership Council determined the funding per scholar would be \$2,500 per scholar per year. This was determined using the estimated cost per scholar of \$1,600 provided by FTF policy staff. Additionally, \$900.00 will be allocated per scholar per year to be used by the scholar as needed. For example, the scholar may request funding for their child care arrangements, travel to outlying course locations, or tutoring services. The number of scholars will increase yearly. In addition, \$10,000.00 will be available for 5 individuals wishing to maintain national credentials and certifications.			

Strategy 5: Collaborate with state and community based organizations to provide outreach, education and guidance on nutrition and prevention of childhood obesity to service providers and parents who work with children birth through age 5.

Childhood overweight has become an epidemic in Arizona. Currently, one in five children is overweight or at risk of becoming overweight. In the United States, the prevalence of childhood overweight tripled between 1980 and 2000. Every day, more than 13 million preschool age (3 to 5 years) children are in child care settings. With regards to nutrition, improvements in increasing the availability of fruits and vegetables, reducing the use of fried foods, sugar-sweetened beverages, and introducing overall nutrition policies will benefit children birth through age 5.

- Arizona has the 2nd highest rate of childhood obesity in the Nation
- More than 1/3 of all children in AZ are obese
- Hispanic and Native Americans make up the largest percent of the obese children in Arizona
- Obesity in children is directly linked to many serious health problems, such as:
 - Type 2 Diabetes ,Metabolic syndrome, High blood pressure, Asthma and other respiratory problems, Sleep disorders, Liver disease, Heart disease, Eating disorders and Skin infections.

Because of the widespread problem of childhood obesity, Cochise County is particularly interested in ensuring that early care and education providers, as well as families, receive guidance around nutrition issues. This topic will be an area of emphasis for individuals working with early care providers and

others who work with young children in Cochise County. This strategy is a comprehensive approach to prevent childhood obesity by reaching children, parents, child care staff, and the community.

This strategy will not only improve access to health information for children and families, but will also provide much-needed support for early care and education providers. This strategy will aim to establish networks and partnerships with all community organizations serving children birth through 5, inclusive of Head Starts, school based preschools, Title I Even Start programs, etc. to promote physical activity and obesity management through community outreach and education.

Priority will be given to RFGA applicants who outline a comprehensive and coordinated approach with the child care health consultation model in Quality First! participating programs.

Research Notes:

(2008) The American Foundation for Childhood Obesity. <http://www.amffco.com/?p=childhoodObesity>

CDC: Overweight Prevalence. www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm

Lead Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse, and relevant information and resources to support their child's optimal development.

Key Measures:

1. Percentage of families with children birth through age 5 who report they are competent and confident about their ability to support their child safety health and well-being.

Target Population (Description of the population to reach):

FY10: 500-1000 families countywide

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	500-1000 Families	500-1000 Families	500-1000 Families

Performance Measures SFY 2010-2012:

1. # of children enrolled in nutrition and recreation course

2. # of parents who report increase in physical activity 6 weeks after course	
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy builds on the infrastructure that will exist through its implementation statewide. Cochise County will build on the state system by supporting individuals/agencies to serve in the County. This strategy will serve providers that are not participating in Quality First! so benefit will be equal. 	
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: This strategy aligns with multiple outreach community based education patterned after child care health consultants and other models. 	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$100,000.00
Budget Justification: The allocation is for agencies to provide physical activity programs and obesity management through community outreach and education. The funding amount will include personnel, materials, travel, and supplies. Estimated awards will be allocated at \$25,000.00 per program for multiple grantees within the region.	

Strategy 6: Increase the number of providers in the community who have obtained the infant/toddler mental health credentials.

Infant/toddler mental health is a current rising concern among behavioral health practitioners, early intervention worker, educators and other professionals who work with families and young children. Families in Cochise are dealing with economic, social, and emotional stressors that impact interactions/behavior with their children. Research has shown that behavioral, developmental, and mental health coaching obtained in early childhood settings is effective in preventing mental health/behavioral issues in young children. In addition, children who struggle with behavioral and emotional issues at a very young age have a 50% chance of experiencing the same issues in adolescence and adulthood.

Few specialists, even those who work with young children, have the specialized training necessary to fully understand early childhood mental health concerns relating specifically to infants and toddlers.

One way to address and increase the number of providers who have obtained the specialized training is through endorsements. There are four levels of competency within the infant/toddler mental health endorsement:

- 1) Infant Family Associate
- 2) Infant Family Specialist
- 3) Infant Mental Health Specialist
- 4) Infant Mental Health Mentor

The intent of the endorsement is to recognize the professional development of infant and family service providers within the diverse and rapidly expanding infant and family field. Endorsement will verify that an applicant has attained a specified level of functioning and understanding based on the competencies. Infant and toddler mental health can be defined as the social and emotional well-being that results when infants and toddlers are supported by nurturing relationships. Infant mental health can be enhanced by:

- Providing families/caregivers with the necessary skills and tools to support health, social, and emotional development.
- Supporting family/caregiver strengths and cultural values and beliefs.
- Identifying early signs of emotional and behavioral concerns.
- Promoting successful partnerships among families/caregivers and community support systems.

The endorsement will offer individuals in the infant and family field a professional development plan that focuses on knowledge, best practice skills, and supervised work experiences that lead to increased confidence and credibility within the infant and family field. Of additional importance, the endorsement will inform prospective employers, agencies and peers about culturally sensitive, relationship-based practices promoting infant mental health.

Research Notes:

(2008) Infant Toddler Mental Health Coalition of Arizona. www.itmhca.org
US Department of Health and Human Services, Substance Abuse and Mental Health, "Starting Early Starting Smart" Accessing Costs and Benefits of Early Childhood Intervention Programs" www.casey.org or www.samhsa.gov

Lead Goal: FTF will enhance specialized skills of early childhood development and health workforce to promote the health social- emotional development of young children.

Goal: FTF will build a skilled and well-prepared early childhood development workforce.

Key Measures:			
1. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.			
2. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.			
Target Population: Service providers who currently work with children birth to 3.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	30 Service Providers	30 Service Providers	30 Service Providers
Performance Measures SFY 2010-2012:			
1. The number of who complete the certification			
2. Number of providers who are working and hold the certification in the region with young children birth to 3.			
<ul style="list-style-type: none">• How is this strategy building on the service network that currently exists: This strategy builds on existing courses and credentials to expand the knowledge of service providers in order to create a more skilled and specialized workforce. It will assist in advancing those who are already working in the field to utilize more proven and promising approaches thus creating a premier workforce to serve the youngest of children more appropriately in an area of health that is often never dealt with in the early years. This strategy will improve outcomes for young children experiencing mental health problems /behavioral issues within the home.			
<ul style="list-style-type: none">• What are the opportunities for collaboration and alignment: Collaboration with the higher education institutions to provide education within Cochise County to build a premier work force around early childhood mental health. Opportunities would exist in partnering with child care centers, behavioral health organizations, and learning institutions building on a quality workforce within Cochise County.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$50,000.00		
Budget Justification:			
An estimated cost of \$1500.00 dollars each is expected for 30 individuals to obtain their infant/toddler mental health certification. \$5,000.00 will be used for administrative/indirect costs.			

Strategy 7: Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness/education and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.

Cochise County is a very rural area and there is a critical need for communication countywide. This strategy is intended to support the FTF communication department by building on future statewide marketing/communication plans.

Specifically the Cochise Regional Partnership Council will focus on the following:

- Engage families, community organizations, business, faith-based organizations, and medical institutions in community mobilization efforts to promote early childhood development and health in the region.
- Advocate for public policy change and increased resources on behalf of young children and their families.

The Cochise Regional Partnership Council recognizes the importance and effectiveness of working in partnership with the Regional Partnership Councils and FTF board, speaking with one unified voice for young children to mobilize the community around a call to action. The Cochise Regional Partnership Council will determine the mechanisms most appropriate for this region to deliver the messages as developed from the statewide communications plan, raising the community's awareness, and enlisting individuals as champions for early childhood development and health.

The Cochise Regional Partnership Council also acknowledges that the development of this strategy in full is not complete and is committed to working with the Regional Partnership Councils and FTF Board to further define the community awareness and mobilization effort. The Cochise Regional Partnership Council believes that this strategy is critical to the success of FTF in order to sustain the services and supports children need overtime and will set aside \$100,000 in FY11 &12.

Lead Goal: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures:

1. Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts.
2. Percentage of community members who identify themselves as strong supporters of early childhood and health matters.

Target Population:

This strategy will target the region’s entire population. Upon completion of the development of this strategy, the target groups such as business, faith based, health professionals, etc., will be determined and be the initial focus of the awareness campaign. In addition, the service numbers and performance measures will be set after the strategy is developed in full in partnership with the Regional Partnership Councils and State Board.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	TBD	TBD	TBD
Performance Measures SFY 2010-2012: TBD			
<ul style="list-style-type: none">How is this strategy building on the service network that currently exists: Current projects for outreach and enrollment exist and have shown some success. Program providers report that these existing efforts are inconsistent and intermittent due to limited funding, planning, and coordination. This strategy will improve Cochise productivity and performance by seamlessly integrating tools for everyday outreach, thus providing a solid strategic foundation for early childhood education and health awareness.			
<ul style="list-style-type: none">What are the opportunities for collaboration and alignment: All grantees will be expected to build on the communication plan within their programs for FTF branding in Cochise County. Also, the proposed strategy will require the grantee to convene an advisory group to develop a plan to identify current outreach and enrollment activities, develop a plan to coordinate with these efforts, and establish an evaluation plan, and provide for a quarterly review of activities and accomplishments as a result of these coordinated efforts.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy		\$10,000.00	
Budget Justification: The Cochise Regional Partnership Council and community members’ strategic planning workgroups determined that the need for communication in Cochise County is critical to the success of FTF. Due to the rural nature of Cochise County, the Regional Partnership Council designated staff time and added material costs to help ‘brand’ FTF in Cochise. The success of this strategy will closely be tied to the grantees and their specific programs. Preliminary figures for a coordinated community awareness and mobilization campaign indicate that 1-3% of a regional allocation would be adequate to support this strategy. The Cochise Regional Partnership Council will allocate \$10,000 for this strategy and \$50,000 cross region which is			

approximately 3% of the allocation.

Strategy 8: Develop a service mechanism among state and other local agencies to improve quality early childhood programs through system change by working together for a seamless service delivery.

This strategy will provide research and insight on building a model program to create a comprehensive, coordinated and integrated system among those who service young children and their families. A current model exists through U of A College of Public Health and the Cochise Regional Partnership Council would like to study the implementation of the same model.

Coordination/collaboration is defined as a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes: a) a commitment to mutual relationships and goals; b) a jointly developed structure and shared responsibility; c) mutual authority and accountability for success; and d) sharing of resources and rewards.

The Cochise Regional Partnership Council is interested in obtaining knowledge surrounding community partnerships and participation of initiatives that impact young children and their families. The Regional Partnership Council intent is to seek more effective community problem solving and to improve community integration through national/regional speakers, research, and convening individuals/agencies.

Research Notes:

Cochise County Special Action Group: Collaboration Survey. The Southwest Center for Community Health Promotion – The University of Arizona Mel & Enid Zuckerman College of Public Health (2007) From Program to Policy: Expanding the Role of Community Coalitions.

www.cdc.gov/pcd/issues/2007/oct/07_0112.htm

(2003) Community Partnerships. Journal of Urban Health: The New York Academy of Medicine

Lead Goal: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Key Measures:

1. Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices. (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education)

professionals, offers the possibility of family and community input at all levels of decision-making)			
Target Population: This strategy will target all of Cochise County			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	N/A	N/A	N/A
Performance Measures SFY 2010-2012: 1. The number of service partners who join coordinated efforts 2. Number of partners who report improved communications among local agencies			
<ul style="list-style-type: none">How is this strategy building on the service network that currently exists: If First Things First is to be successful it is imperative to create a cross-system coordination effort among state, federal and tribal organizations to improve integration of Arizona programs, services, and tribal resources for young children and their families.			
<ul style="list-style-type: none">What are the opportunities for collaboration and alignment: This cross-system regional coordination will result in the collection and dissemination of accurate and relevant data related to early childhood development and health.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$10,000.00		
Budget Justification: Children and families are served through a wide variety of health and early care and education programs and projects within Cochise County. When the Cochise Regional Partnership Council makes decisions about how to best support children and families in the region, it is essential that the regional service system is coordinated and integrated to ensure positive outcomes for children. The first year allocation will be used to bring agencies together to design the pilot program. The allocated amount will provide for consultant work, research, guest speakers, travel, materials, etc. Increased allocations are planned for FY11 & FY12.			

IV. Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)

Population Based Allocation SFY2010	\$1,974,475
Expenditure Plan for SFY2010 Allocation	
Strategy 1 - Home Visiting programs	\$660,000
Strategy 2 - Speech/PT/OT Therapists	\$350,000
Strategy 3 - QIRS	\$330,000
Strategy 4 - T.E.A.C.H.	\$135,000
Strategy 5 - Nutrition/Prevention	\$100,000
Strategy 6 - Infant Mental Health Specialists	\$50,000
Strategy 7 - Communication	\$60,000
Strategy 8 - Coordination	\$10,000
Evaluation - Cross Region	\$50,000
Regional Needs & Assets - Cross Region	\$10,000
Subtotal of Expenditures	\$1,755,000
Fund Balance (undistributed regional allocation in SFY2010)*	\$219,475
Grand Total (Add Subtotal and Fund Balance)	\$1,974,475

A fund balance has been intentionally built into the budget to ensure adequate funding in subsequent years. The service levels for seven of the eight strategies will increase each year through FY2012 as capacity to implement the strategies and deliver the required services is developed in the region.

Southeast Arizona Regional Partnership Councils are partnering in these three areas: Communication, Evaluation and Needs and Asset Reports because we understand the importance of coordinating these activities from a regionally-based standpoint which goes beyond what the state's scope of work is able to provide for these items.

**V. Building the Early Childhood System and Sustainability – Three Year Expenditure Plan:
July 1, 2010 through June 30, 2012**

Use the table below to present the initial thinking of the Regional Partnership Council to implement the three year strategic plan. Use the actual allocation for SFY2010 and estimated allocation amounts for SFY2011 and SFY2012.

Cochise Regional Partnership Council
Regional Council 2010 Allocation: \$1,974,475

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$1,974,475	\$1,974,475	\$1,974,475	\$5,923,425
Fund Balance (carry forward from previous SFY)	\$0	\$219,475	\$198,950	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1 - Home Visiting	\$660,000	\$660,000	\$660,000	\$1,980,000
Strategy 2 - Therapists	\$350,000	\$350,000	\$350,000	\$1,050,000
Strategy 3 - QIRS	\$330,000	\$390,000	\$390,000	\$1,110,000
Strategy 4 - T.E.A.C.H.	\$135,000	\$135,000	\$135,000	\$405,000
Strategy 5 - Health Nutrition	\$100,000	\$100,000	\$100,000	\$300,000
Strategy 6 - Inf Mental Hlth.	\$50,000	\$50,000	\$50,000	\$150,000
Strategy 7 - Communication	\$60,000	\$150,000	\$150,000	\$360,000
Strategy 8 - Coordination	\$10,000	\$100,000	\$100,000	\$210,000
Evaluation - Cross Region	\$50,000	\$50,000	\$50,000	\$150,000
Regional Needs & Assets	\$10,000	\$10,000	\$10,000	\$30,000
Subtotal Expenditures	\$1,755,000	\$1,995,000	\$1,995,000	\$5,745,000
Fund Balance* (undistributed regional allocation)	\$219,475	\$198,950	\$178,425	
Grand Total	\$1,974,475	\$2,193,950	\$2,173,425	

The three year expenditure plan assumes a stable regional allocation of \$1,974,475.00. The above strategies have increased service levels over the three years, so the fund balance allows for this growth while maintaining funding for each strategy.

Cross Regional Allocations: Southeast Arizona Regional Partnership Councils are partnering in these three areas: Communication, Evaluation and Needs and Asset Reports because we understand the importance of coordinating these activities from a regionally-based standpoint which goes beyond what the state's scope of work is able to provide for these items.

VI. Discretionary and Public/Private Funds

At this time, the Cochise Regional Partnership Council has not yet discussed its plan for requesting discretionary dollars. However, the Regional Partnership Council anticipates the need to seek additional public and/or private dollars to support sustainability of strategy implementation in FY13 and beyond.